

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2009

Complete if Known

		Application Number	10/588,135
		Filing Date	7/31/2006
		First-Named-Inventor	Young-Nam Kim
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Konata M. GEORGE
		Art Unit	1616
TOTAL AMOUNT OF PAYMENT		(\$) 555.00	
		Attorney Docket	5038 - 061693

## METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	330	82	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)

#### Small Entity

Fee (\$)  
52

Fee (\$)  
26

Each independent claim over 3 (including Reissues)

Fee (\$)  
220

Fee (\$)  
110

Multiple dependent claims

Fee (\$)  
390

Fee (\$)  
195

Total Claims - 20 or HP

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

\_\_\_\_\_

\_\_\_\_\_

Indep. Claims - 3 or HP

Extra Claims

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

- \_\_\_\_\_ = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.

See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x	=

### 4. OTHER FEE(S)

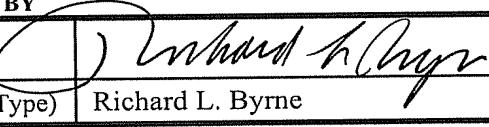
Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge): 3-Month Extension

555

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 28498	Telephone 412-471-8815
Name (Print/Type)	Richard L. Byrne	Date February 17, 2009	